

Personal Medication Record

SeniorNavigator.org – Virginia's Resource for Health and Aging

| Name: | | Sex: |
|-----------------------------|---------------|-----------------|
| Address: | | |
| Social Security #: | | DOB: |
| | | |
| Emergency Contacts | | |
| Name: | | Hm Phone: |
| Address: | | Wk Phone: |
| | | |
| Name: | | Hm Phone: |
| Address: | | Wk Phone: |
| Primary Care Physician: | | Phone: |
| Specialist: | | Phone: |
| | | |
| Medications (Including over | er the counte | r and herbals): |
| Medication: | Dosage: | Frequency: |
| 1. | | |
| 2. | | |
| 3. | | |
| 3. 4. 5. | | |
| 5. | | |
| 6. | | |
| | | |
| Blood Type: | | |
| 71 | | |
| Recent Surgeries: | | Date: |
| I. | | |
| 2. | | |
| 3. | | |
| | | |
| Religion: | | |
| Living Will on file at: | | |
| Do you have a Comfort Car | re/DNR form | ? |
| Where is it located? | | |

| Medical Conditions: | |
|---------------------------------------|---------------------------|
| Check all that apply and specify belo | ow, if applicable. |
| () No Known Medical Conditions | • • |
| () Abnormal EKG | () Heart Valve Prosthesis |
| () Adrenal Insufficiency | () High Blood Pressure |
| () Alzheimer's Disease/Dementia | () High Cholesterol |
| () Angina | () Leukemia |
| () Anemia | () Low Blood Sugar |
| () Asthma | () Lymphomas |
| () Bleeding Disorder | () Pacemaker |
| () Cataracts | () Renal Failure |
| () Coronary Bypass Graft | () Seizure Disorder |
| () Diabetes | () Stroke |
| () Dialysis | () Thyroid Disorder |
| () Glaucoma | () Vision Impaired |
| () Hearing Impaired | () Other (List Below) |
| l. | |
| 2. | |
| 3. | |
| Allergies: | |
| () No Known Allergies | () Lidocaine |
| () Aspirin | () Penicillin |
| () Codeine | () Sulfa |
| () Environmental | () X-Ray Dyes |
| () Latex | () Other (List Below) |
| I. | |
| 2. | |
| 3. | |

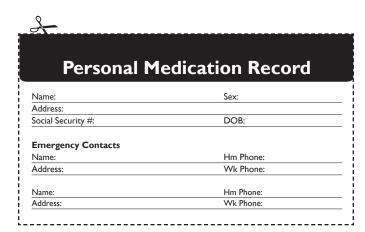
Medical Insurance Company

Policy #

Other Medical Insurance

Medicaid #

Medicare #



| Primary Care Physician: | Phone: |
|-------------------------|-------------------|
| Specialist: | Phone: |
| Medication: | Dosage: Frequency |
| I. | Dosage. Frequency |
| | |
| | |
| 3. | |
| 3. 4. | |
| 2. 3. 4. 5. | |